

CUYAHOGA COUNTY

Addressing Infant Mortality through Positive Youth Development Opportunities for Adolescent Girls



INTRODUCTION

In 2016, 1,024 Ohio babies died before their first birthdays. Ohio mothers age 15-17 were twice as likely to lose their baby compared to mothers age 30 to 34. Supporting adolescent girls through positive youth programming is a long-term strategy for infant mortality prevention.

Guided by research and state-level data, The Ohio Department of Health (ODH) partnered with local Ohio Equity Institute (OEI) entities to host and facilitate forums aimed at addressing and reducing risks for infant mortality and improved access to positive youth development (PYD) activities for adolescent girls. A diverse group of Cuyahoga County stakeholders participated in a community forum, where they assessed local capacity, examined local data, and designed interventions to reduce infant mortality and related inequities for adolescent girls. Stakeholders examined the strengths, weaknesses, opportunities, and threats (SWOT) of their community related to adolescent girls ages 10 to 14. The community forum began with stakeholders examining state-level data to guide, inform, and understand the position of the state in relation to risks for infant mortality. The summary also educated and informed stakeholders about the link between maternal risk factors and opportunities for PYD. Highlights from the data are presented below and on page 3.

THE FACTS ABOUT INFANT MORTALITY



In 2016, 1,024 Ohio babies died before their first birthdays.¹



In 2016, Ohio mothers age 15-17 were twice as likely to lose their baby compared to mothers ages 30-34.¹

Leading causes of infant deaths

- Birth defects
- Low birth weight
- Pregnancy complications
- Preterm birth
- Sudden infant death syndrome
- Accidents

Prevalence of maternal risk factors known to contribute to infant mortality



Chronic health issues such as obesity, diabetes, and hypertension

- 26% of Ohio females (7th–12th grade) are overweight or obese.³
- Only 39% of high school females report being physically active for at least 60 minutes on five or more days a week.⁵
- Only 20% of high school females report eating five servings of fruits and vegetables per day in a week.⁵



Teenage pregnancy and sexually transmitted infections

- In 2016, Ohio teens age 15-19 accounted for 6% of the State's births.¹
- Approximately 17% of teen mothers will have a repeat birth between the ages of 15 and 19.⁴
- In 2013, Ohio females age 15-24 accounted for 73% of all reported cases of Chlamydia and 59% of all reported cases of Gonorrhea.²



Tobacco and alcohol use

- 22% of Ohio adolescents report having used some form of tobacco during the past month.⁵
- 27% of high school females report having at least one drink of alcohol within the past month.⁵
- Approximately 76,000 of Ohio adolescents ages 12–17 (8%) report using illicit drugs within the past month.⁷



Healthcare utilization

- Only 46% of pregnant girls ages 15-17 in Ohio receive prenatal care in their first trimester.¹
- In 2016, 43% of Ohio Medicaid eligible youth receive a well-care visit.⁹



Other sociocultural factors such as race, age, poverty, and psychosocial stressors

- 25% of Ohio youth are food insecure.⁷
- 22% of children in Ohio under the age of 18 live in poverty.⁸
- Of all Ohio births to girls under the age of 20, 63% belong to White Caucasian mothers and 28% belong to African American mothers.⁶

PROMOTING HEALTHY BEHAVIOR

Adolescent girls can make healthy choices both before and during pregnancy:

- Preventing chronic health conditions (obesity, diabetes, hypertension)
- Reaching a healthy weight through proper nutrition and physical activity
- Going to a healthcare provider to receive an annual, preventive well-care visit
- Making positive choices in relation to their health and well-being
- Staying on course to be college and/or career ready



Provide girls with positive youth development (PYD) opportunities:

- Extracurricular activities
- Mentoring programs
- After-school programs
- Faith-based activities
- Sports and recreational activities
- College preparation programs
- Work experiences and internships

HOW ARE THEY CONNECTED?

Supporting adolescent girls through positive youth development (PYD) programming is a strategy for reducing risk behavior and promoting health and wellness.



INCREASING
POSITIVE YOUTH
DEVELOPMENT
OPPORTUNITIES



DECREASES
MATERNAL
RISK
FACTORS



AND
DECREASES
INFANT
MORTALITY

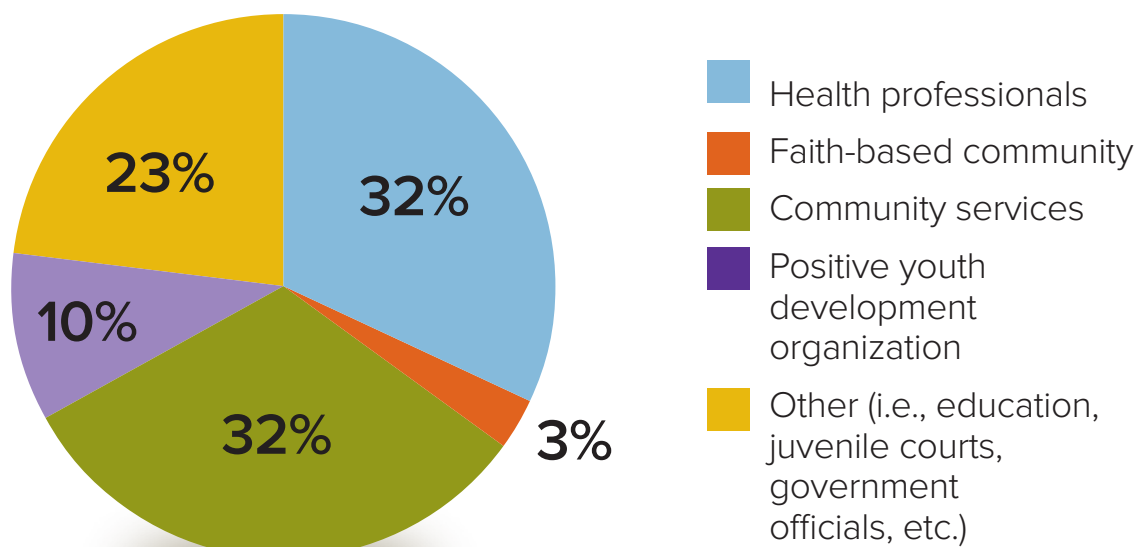
1. Ohio Department of Health. (2016). Bureau of Vital Statistics.
2. Ohio Department of Health. (2016). Centers for Disease Control and Prevention Sexually Transmitted Disease (STD) Surveillance. Columbus, OH.
3. Ohio Department of Health. (2016). Ohio Healthy Youth Environments Survey Data.
4. Ohio Department of Health (2016). Maternal & Child Health: Women & Infants Health. Columbus, OH.

5. Ohio Department of Health. (2013). Youth Risk Behavior Survey Executive Summary. Columbus, OH.
6. Office of Adolescent Health. (2017, May 30). Ohio Adolescent Reproductive Health Facts.
7. Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Ohio, 2015.
8. United States Census Bureau. (2016).
9. Ohio Department of Medicaid. (2016).

METHODS

The method used in Cuyahoga County to explore strengths, weaknesses, opportunities and threats was a SWOT analysis. Please note a SWOT analysis is an analytical framework that assesses what a community can and cannot do for factors both internal and external within their immediate control and influence. Internal factors are strengths and weaknesses and external factors are opportunities and threats.

On May 10, 2018, partners from OSU College of Social Work, Envision EdPlus, and the Working through Obstacles Reaching True Height (WORTH) Foundation hosted a half-day Adolescent Girls Community Forum in Cuyahoga County. Thirty-eight stakeholders gathered to discuss local policies and programming that impact the holistic well-being of adolescent girls. Stakeholders attended from various organizations and agencies in the community. See the graph below in relation to the percent of participation among different stakeholder groups.






The SWOT analysis was guided by the Association for Supervision and Curriculum Development's (ASCD) Whole Child Tenants. The ASCD's Whole Child Tenants are an effort to transition from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of all children. As such, each group of stakeholders who attended the forum identified the top strengths, weaknesses, opportunities and threats related to adolescent girls being "safe, supported, challenged, healthy, and engaged." These are the five tenants.

Finally, stakeholders used the results of their SWOT analysis to brainstorm policies and programming needed to positively impact the health of adolescent girls in Cuyahoga County. Strategies discussed at the forum were consolidated into state and local calls to action and can be used by local and state level stakeholders to guide future priorities, programming and funding. Findings from the SWOT analysis in Cuyahoga County are presented on page 5 and 6.

RESULTS

Results from the SWOT Analysis in Cuyahoga County

In total, the 38 stakeholders who attended the community forum listed 40 strengths, 50 weaknesses, 40 opportunities and 32 threats related to the health and well-being of adolescent girls in Cuyahoga County. The following table summarizes the top strengths, weaknesses, opportunities, and threats for each ASCD Whole Child Tenant, as identified by forum participants.

 Safe	STRENGTHS <ul style="list-style-type: none"> ■ Afterschool and non-profit organizations exist to serve youth during out of school time ■ Free clinics exist to provide health and reproductive care 	WEAKNESSES <ul style="list-style-type: none"> ■ Lack of transportation ■ Need for more visibility and access to programs for youth in the community 	OPPORTUNITIES <ul style="list-style-type: none"> ■ Increased funding for afterschool programs 	THREATS <ul style="list-style-type: none"> ■ Barriers and challenges associated with the school to prison pipeline
 Supported	<ul style="list-style-type: none"> ■ Multiple programs providing youth with PYD activities and programs 	<ul style="list-style-type: none"> ■ Lack of communication and awareness about all programs that exist 	<ul style="list-style-type: none"> ■ Building trust and open communication with youth and families 	<ul style="list-style-type: none"> ■ Youth resistance or fear of trying new things ■ Lack of trauma-informed care and education
 Challenged	<ul style="list-style-type: none"> ■ Availability of mentoring, STEM, and college readiness programs 	<ul style="list-style-type: none"> ■ Lack of inclusion of the youth voice in local decision-making 	<ul style="list-style-type: none"> ■ Need for more collaboration and coordination to decrease fragmentation of services ■ Utilization of social media to improve and cultivate a culture of health and well-being 	<ul style="list-style-type: none"> ■ Barriers associated with politics and equity
 Healthy	<ul style="list-style-type: none"> ■ Access to school- and community-based healthcare services for youth 	<ul style="list-style-type: none"> ■ Lack of attention to the need for quality health education in schools 	<ul style="list-style-type: none"> ■ Greater awareness and education about existing programs for youth in the community ■ Ability to leverage existing resources 	<ul style="list-style-type: none"> ■ Inconsistent/cuts to services among providers in mental health and reproductive health sectors
 Engaged	<ul style="list-style-type: none"> ■ Programs in the area focus on diverse needs including food security, health, and PYD 	<ul style="list-style-type: none"> ■ Need to communicate with parents/guardians in a culturally competent manner 	<ul style="list-style-type: none"> ■ Increased offerings of peer-led programming ■ Incentivizing participation in programs 	<ul style="list-style-type: none"> ■ Risks associated with social media ■ Increased poverty due to lack of access to education and employment

What do the data tell us?

Youth organizations and agencies to support adolescent girls exist in Cuyahoga County. A large number of resources and agencies are providing PYD opportunities to girls, yet there seems to be challenges related to transportation, communication among agencies, and inclusion of the youth voice. Opportunities for additional collaboration and coordination of services and supports for youth, whether in schools or in the community, were a common theme. In fact, the theme of offering peer-led PYD opportunities to adolescent girls earlier was noted several times during the SWOT analysis in Cuyahoga County. Stakeholders also explored the idea of expanding existing programs to focus more intentionally on health and well-being and further utilize social media as a mechanism for promoting a culture of positive change. Results from the SWOT analysis were used by stakeholders at the forum to create the following strategies and ideas to improve outcomes for adolescent girls in Cuyahoga County.

STRATEGIES AND IDEAS

The following ideas were identified as direct, actionable next steps designed to improve PYD opportunities for adolescent girls. All strategies presented below are intended to positively and holistically impact adolescent girls.

- Utilize existing programs in new ways, including focusing on the families and making sure current resources of effective before developing or building capacity for new resources



- Fund full-time social workers to build collaborative networks in the community to bridge gaps among youth, families, agencies, social services, and non-profit organizations



- Create a directory of community organizations and stakeholders working directly with youth

- Create and/or fund “small wins” such as PYD opportunities in school- and community-based settings including father daughter/mother son dances, senior citizen nights, family-school events, etc.



- Utilize local entities including the faith-based organizations, barber shops, etc. to provide community-centered health education

- Develop a youth council to advise local and state funders and programmers about gaps in health education and physical activity opportunities in communities



- Provide youth multiple opportunities and outlets to share their voice and influence change

- Fund trainings for teachers around cultural competence, early identification, and health/sex education, including reproductive health

- Gather and collect local data over time to understand needs of youth to inform prevention activities



- Develop food education programs and make fruits and vegetables readily available to youth and families who participate



- Build capacity around local community centers to better support youth and their families

OVERALL SUMMARY

The data collected via the SWOT analysis support a continued focus and priority to improve access, services, and supports for adolescent girls. There are numerous strengths and opportunities that can be leveraged, as well as weaknesses and threats that warrant further attention in Cuyahoga County. It is critical to assure programming and resources be made available to adolescents and communities at higher risk for factors that contribute to infant mortality. The strategies and actions noted in this report can be used by local and state agencies, community organizations, schools, hospitals, recreation centers, etc. to engage, support and challenge youth and foster healthy and safe behaviors through the implementation of effective programs and policies. As leaders begin to develop plans, it is imperative to ask adolescents about their interests and needs and thoughtfully engage them in the planning and implementation process.